

**Amendments to the Claims:**

This listing of claims will replace all prior versions, and listing, of claims in the application:

**Listing of Claims:**

Claim 1 (canceled)

Claim 2 (previously presented): The method as recited in claim 26, wherein the discount price list is a variable discount price list that tracks a known standard service/good price list.

Claim 3 (previously presented): The method as recited in claim 26, wherein the membership fee is paid by the individual.

Claim 4 (previously presented): The method as recited in claim 26, wherein the membership fee is paid by the individual's employer.

Claim 5 (previously presented): The method as recited in claim 26, wherein the membership fee is paid by the individual's business.

Claim 6 (previously presented): The method as recited in claim 26, wherein the membership fee is a renewal fee.

Claim 7 (previously presented): The method as recited in claim 26, wherein the member includes his/her family in the health care plan.

Claim 8 (previously presented): The method as recited in claim 26, wherein the medical service/good providers are selected from the group consisting of physicians, hospitals, physical therapists, nursing facilities, cancer treatment centers, optical and hearing aid dispensaries, hospices, clinics, pharmacies, chiropractors, dentists, medical supply stores, hospital supply stores and handicap equipment suppliers.

Claim 9 (previously presented): The system method as recited in claim 26, wherein the medical service/good provider is a doctor that works for a corporation.

Claims 10-11 (canceled)

Claim 12 (previously presented): The method as recited in claim 26, wherein the basic listings are provided to medical service/good providers free of charge.

Claim 13 (previously presented): The method as recited in claim 26, wherein the premium listings are provided to medical service/good providers upon payment of a premium listing fee.

Claim 14 (previously presented): The method as recited in claim 26, wherein the premium listings include a link to a customizable web page for the medical service/good providers that is accessible via a global telecommunications network.

Claim 15 (previously presented): The method as recited in claim 26, wherein the premium listings include a link to the medical service/good provider's web site.

Claim 16 (previously presented): The method as recited in claim 26, wherein the premium listings are customized for each medical service/good provider.

Claims 17-20 (canceled)

Claim 21 (previously presented): The method as recited in claim 26, further comprising the step of providing one or more advertisements by the network provider to the members.

Claim 22 (previously presented): The method as recited in claim 21, wherein an advertiser pays the network provider an advertising fee to provide the advertisements to the members.

Claim 23 (previously presented): The method as recited in claim 21, wherein the advertisement provided to a member is based on one or more search criteria used to search the medical service/good provider listing.

Claim 24 (previously presented): The method as recited in claim 26, wherein the network provider is an insurance provider.

Claim 25 (previously presented): The method as recited in claim 24, wherein the insurance provider provides members with major medical insurance in return for payment of one or more major medical premiums.

Claim 26 (currently amended): A method for providing a health care plan comprising the steps of:

- receiving a membership fee from one or more individuals to become members of the health care plan;

- obtaining information from one or more medical service/good providers that have joined the health care plan;

- providing a medical service/good provider listing for the medical service/good providers based on the obtained information, wherein the medical service/good provider listing is accessible by the members via a global telecommunications network, comprises

basic listings and premium listings for the medical service/good providers, and is searchable by the members using one or more search criteria comprising a geographic area or a service/good provided by the medical service/good providers; and

providing a discount price list to the members via the global telecommunications network, wherein the discount price list comprises published rates for the services/goods provided by ~~[[the]]~~ each medical service/good provider~~[[s]]~~ for within two or more geographic areas and each member can only access the published rates for the geographic area associated with the member, and the discount price list regulates the cost of services/goods provided to the members by the medical service/good provider such that the members pay the published rate on the discount price list for the services/goods rendered by the medical service/good provider in-full directly to the medical service/good provider~~[[s]]~~ at the time the in-full directly for any services/goods are rendered to the members by the medical service/provider based on the discount price list thereby providing direct, immediate and full payment to the medical service/provider without any review by the health care plan or a third-party.

Claim 27 (currently amended): A computer program embodied on a computer readable medium executable by a server for providing a health care plan comprising:

a code segment for receiving a membership fee from one or more individuals to become members of the health care plan;

a code segment for obtaining information from one or more medical service/good providers that have joined the health care plan;

a code segment for providing a medical service/good provider listing for the medical service/good providers based on the obtained information, wherein the medical service/good provider listing is accessible by the members via a global telecommunications network, comprises basic listings and premium listings for the medical service/good providers, and is searchable by the members using one or more search criteria comprising a geographic area or a service/good provided by the medical service/good providers; and

a code segment for providing a discount price list to the members via the global telecommunications network, wherein the discount price list comprises published rates for the services/goods provided by ~~[[the]]~~ each medical service/good provider~~[[s]]~~ ~~for~~ within two or more geographic areas and each member can only access the published rates for the geographic area associated with the member, and the discount price list regulates the cost of services/goods provided to the members by the medical service/good provider such that the members pay published rate on the discount price list for the services/goods rendered by the medical service/good provider in-full directly to the medical service/good provider~~[[s]]~~ at the time the ~~in full directly for any~~ services/goods are rendered to the members by the medical service/provider ~~based on the discount price list thereby providing direct, immediate and full payment to the medical service/provider~~ without any review by the health care plan or a third-party.

Claim 28 (currently amended): An apparatus for providing a health care plan comprising:

a server;

one or more storage devices communicably coupled to the server, the one or more data storage devices containing a discount price list to the members via a global telecommunications network, wherein the discount price list comprises published rates for the services/goods provided by ~~[[the]]~~ each medical service/good provider~~[[s]]~~ ~~for~~ within two or more geographic areas and each member can only access the published rates for the geographic area associated with the member, and the discount price list regulates the cost of services/goods provided to the members by the medical service/good provider such that the members pay published rate on the discount price list for the services/goods rendered by the medical service/good provider in-full directly to the medical service/good provider~~[[s]]~~ at the time the ~~in full directly for any~~ services/goods are rendered to the members by the medical service/provider ~~based on the discount price~~

list thereby providing direct, immediate and full payment to the medical service/provider without any review by the health care plan or a third-party;

a communications interface communicably coupled to the server that allows the members to access the discount price list and the medical service/good provider listing, wherein the medical service/good provider listing comprises basic listings and premium listings for the medical service/good providers, and is searchable by the members using one or more search criteria comprising the geographic area or a service/good provided by the medical service/good providers; and

wherein the member is an individual that has paid a membership fee to join the health care plan.